Leadership, management and conflict management styles among nurse middle managers

Mara Angustia E. Rubio[1], and Resty L. Picardo[2]

ABSTRACT

The study utilized a correlational, quantitative design where nurse managers and staff nurses were made to answer an adapted questionnaire. The study used complete enumeration with inclusion and exclusion criteria. The study was conducted in Talisay District Hospital to assess the styles on leadership, management and conflict management and their correlation. Findings revealed that the most common leadership style is democratic while for management style is the mixed or the transitional style and collaborating for conflict management style. Authoritative leaders utilized the mixed or transitional management style and the collaborating conflict managing style. Democratic leaders utilized the mixed or transitional management style and the collaborating conflict management style. Laissez-faire leaders utilized the mixed or transitional management style and the collaborating conflict management style. A pattern can be seen that, in all types of leadership, be it authoritative, democratic or laissez-faire, the mixed or transitional management style is common. Further, the most common conflict management utilized is the collaborating style. Thus, it can be inferred that different leaders utilize a mixed or transitional management style and that when they are in conflict, they manage them through the collaborative conflict management style. There was no noteworthy relationship between the styles on conflict management and leadership styles, amongst styles on conflict management and management and lastly, amongst styles on leadership and management.

Keywords: conflict management styles, correlational design, leadership styles, nurse managers

I. INTRODUCTION

Leadership, management, and conflict management styles are three important concepts in planning, organizing, directing, and controlling an organization. Leadership is a practice where a person in a position can influence, guide, and direct the behavior and work of other people to accomplish definite aims in a certain scenario. Leadership is the competency of a head to engage his people to toil with sureness and enthusiasm (Marquis & Huston 2009). Leadership styles come in different types in a working environment. There rewards and drawbacks in a specific style of leadership. The leadership style is dependent on the cultural and organizational goals. The necessary tasks and needs of a company for instance will spell the leadership style to be used (Tsai, 2011).

Management style is the method in which heads employ authority in the work area and make sure that the organizational objectives are realized. It is the process by which work is planned and organized and in particular how relations and dealings are established between associates, subordinates, and colleagues. The key parts on the styles of leadership and management are states of mind and practices (Bass & Bass, 2009).

Conflict can occur because of conflicting purposes or requirements. It can also occur if there is a non-attendance of common goals. An organization is composed of many individuals with different goals and priorities. The differences in personal goals would lead to conflict. An organization may utilize the appropriate leadership and management styles but conflicts may still ensue. Individual differences are a typical reason for

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conflict. It can happen when individuals contend over rare assets. Individuals have distinctive styles to such an extent that one's reasoning or correspondence style may struggle with another's style. When one knows how to determine clashes in styles then it will be anything but difficult to determine them. The test here is that esteems are center. Adjusting with styles and managing clashing esteems are two distinct circumstances. Thus, a culture of an organization might not be a good fit for an individual which brings about the common saying that "birds of the same feather flock together" and why "opposites attract, but similarities bind" (Meier, 2010).

Thus, it is important for managers to use the appropriate leadership, management, and conflict management style in a given situation. Though there is no hard and fast rule regarding which leadership, management or conflict management works best, managers should still be competently equipped with these styles for them to appropriately address the operations of an organization and when confronted with problems.

In the hospital where the study was conducted a number of issues have been observed pertaining to the leadership and management of some head nurses. The following are the observed issues related to leadership and management: (a) handling of staff; (b) scheduling; and (c) managing the assigned clinical areas. Disputes on scheduling have been the source of conflicts among staff and even between staff and middle managers where some of the staff have more night duty than the other staff. There have been no studies being conducted in finding the significant relationship of the three major variables in a local hospital setting, the Talisay District Hospital (TDH). Thus, the relationship between the three variables is not known whether there is a pattern on the leadership style, management style, and conflict management style. Talisay District hospital is a 250-bed level 3 hospital with additional capability in trauma, rehabilitation, and sports medicine will help decongest the overcrowding of patients from the southern part of Cebu. It is the lone DOH retained general hospital in the southern part of Cebu province which is PhilHealth accredited, ISO certified and Red Orchid Hall of fame awardee. By understanding the TDH phenomenon on leadership, management, and conflict management styles this would contribute to new knowledge in the Philippine healthcare industry. It is the main intent of the study to determine the different styles employed by nurse middle managers and finding whether they have a significant relationship. Hopefully, this may pave way to finding the leadership style that best works with management style and conflict management style as the research gap in the study.

II.   THEORETICAL FRAMEWORK

The study is anchored on two (2) theories and a model, namely: Fiedler's Contingency Theory by Fred Fiedler (1958), The Theory of X and Theory of Y by Douglas McGregor (1960) and The Thomas-Kilman Conflict Management Model by Thomas, K. W. and Kilmann, R. H. (1974).

Fiedler's contingency theory expresses that to become an effective leader, it's greatly dependent on the style of leadership along with the regulation of a particular event. A high relationship among the leaders and his dependents' assignment together with vibrant goals and approaches, and the ability of the head to offer both positive and negative reinforcements are essential. In the absence of these identified elements in the right perspective and setting, it can cause chaos and disappointment (Lowe & Gardner, 2000).

The theory underscored the personality of the leader being the main variable in the ability to lead which includes: (a) subordinates' acceptance of the leader; (b) the involved task; and (c) control power of the leader over his team. If the leader is capable of controlling the tasks that needs to be accomplished, situations needing to be led by a leader, and having the power, he can then produce a sympathetic leadership atmosphere (Lowe & Gardner, 2000). The situation described beforehand is evident in Talisay District Hospital, nurse middle managers lead their health care team in the management of clients. This research investigates the authority styles of nurse middle managers as far as their uniqueness, or rational disposition, which is a noteworthy segment in her/his capacity to lead. Facilitate how the medical health team contracts the head, the errand involved, and if the head can certainly exert regulation over the team are the three guideline factors that decide how fruitful the plan led by the leader will be in the clinical setting. Thus, the theory is just fitting for the study on the leadership style.

The second theory used in the study is the Theory X and Y of Douglas McGregor. Theory X is also well-known as the authoritarive style of management while Theory Y as the participative style of management style (Heil, Bennis & Stephens, 2000).

The assumptions of Theory X are the following: (a) The ordinary person has an expected abhorrence of labour and will sustain a calculated detachment from it if he can; (b) Because of person's aversion for labour, a considerable number of individuals must be regulated and weakened prior to them being engaged with the work; (c) The normal human likes to be coordinated,despises duty, is unclear, and wants safety above all; (d) These suppositions lie behind most
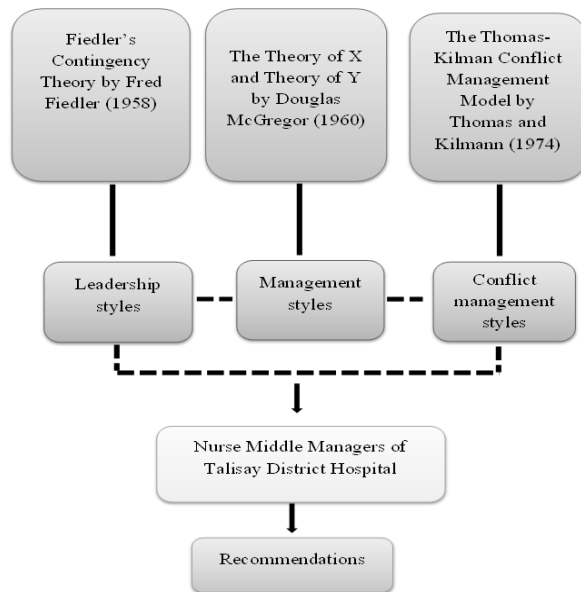
Figure 1. Schematic diagram of the study utilizing Fiedler's Contingency Theory by Fred Fiedler (1958), The Theory of X and Theory of Y by Douglas McGregor (1960) and The Thomas-Kilman Conflict Management Model by K. W. Thomas and R. H. Kilmann (1974).

authoritative standards at present times, and contributing to "extreme" supervision with disciplines and tight regulations, and "delicate" management which leads to agreement with his job; (e) Both are "not right" as a person requires more than cash as a reward for a job well done, he also requires a higher form of motivation - the chance to gratify himself; and (f) Theory X administrators do not provide the employees this opportunity so the representatives act normally (McGregor, 1966; Bolden, Gosling, Marturano, & Dennison, 2003).

The assumptions of Theory Y are the following: (a) The use of corporal and cerebral effort in a job is similar to playing or resting; (b) Regulation and disciplining are not the only strategies to cause every person to perform their job, man will guide himself in the event that he is focused on the points of the association; (c) If a job is satisfying, this will provide a feeling of being accountable regarding the organization; (d) The ordinary person gains knowledge and skills, when exposed to genuine circumstances, to recognize and to search responsibility and accountability; (e) Imagination, inventiveness, and being resourceful may be used to address job-related work concerns; and (f) Under the condition of the present mechanical life, the intellectual potentials of the ordinary person are halfway utilized (Accel-Team, 2015; Bolden, Gosling, Marturano & Dennison, 2003).

The third model used in the study is the The Thomas-

Kilmann Conflict Resolution Model. This model illustrates the options on how conflicts are handled. Two dimensions are shown in this model, namely, the vertical axis, which deals with conflict answers grounded on a person's effort to acquire what he needs. The proponents refer to these as the option for Assertiveness. Second is the horizontal axis which deals with answers grounded on aiding other people acquire what they want, and this is referred to as the option on Cooperativeness. This gives rise to the five basic kinds of reactions, to wit: (a) Competing – situated at the top left portion which means that one may take a completely confident and uncooperative way to deal with settling the contention; (b) Accommodating – situated at the bottom part of the right side means that one pursues an entirely non-assertive as well as co-agent methodology; (c) Avoiding – located at the bottom left means that one adopts a non-assertive as well as non-cooperative methodology to the argument and do not address it; (d) Compromising – situated at the central point because it is both critical as well as co-agent to a certain point; and (e) Collaborating – situated at the top part of the right side of the model and is at the contrary disgraceful of upholding a planned detachment. Collaboration needs shaped compromise aptitudes in light of common regard, a readiness to align in to others, and innovativeness in learning engagements (Pacific Policy Research Center, 2010). Nurse middle managers in the Talisay District Hospital are confronted with conflicts every day. The question on how these nurse middle managers deal with these conflicts vary from person to person and dependent on the situation. Despite the number of theories on leadership, management and conflict management, these theories were chosen as they provide a more detailed descriptions of the different leadership, management, and conflict management styles which the study wanted to determine and assess.

III. DESIGN AND METHODS

The study utilized a correlational, quantitative design as it sought to find out the relationship between three complex variables, namely: leadership styles, management styles, and conflict management styles which served as the hypotheses also of the study on whether these three variables are significantly correlated. The study was conducted in Talisay District Hospital. Respondents of the study included 46 regular staff nurses, 14 reliever nurses, 7 midwives, 3 nurse attendants and 4 head nurses. Inclusion and exclusion criteria were utilized to ascertain that all respondents are the best persons to respond to the variables being studied. Respondents have to be of legal age regardless

of sex, religious affiliation, marital status and educational attainment, must have been with the hospital for at least 6 months whether contractual or regular or reliever. Excluded from the study those subordinates who have not been under the leadership or management of all the head nurses or the supervisor at some point for all the other respondents other than the head nurse. The study invited all identified respondents where all of the identified respondents who qualify through the inclusion and exclusion criteria became respondents. There were 75 respondents originally however, there were only 68 respondents (staff nurses, reliever nurses, midwives, nurse attendants and head nurses) gathered during the actual survey considering that some of the completed questionnaires were invalidated because of incomplete entries, some of the respondents were on leave and some refused to become part of the study.

The instrument that was used in the study is a consolidation of the instruments from previous studies of which these questionnaires have been in public domain already. The instrument is composed of three parts. Part I is based on SagePub's Leadership Styles Assessment. Part II of the instrument is taken from the study of Haire, Chiselli & Porter's Managerial Thinking: An International Study. While Part III of the instrument is based on Reginald (Reg) Adkins, PhD, Elemental Truths. A letter seeking permission to conduct the study from the Dean of the College of Nursing as well as the Chief of Hospital of the hospital, the study was submitted for technical and ethical review by the Institutional Review Board. A notice to proceed was a requirement prior to data gathering. Initially, the nurse middle managers were made to answer the questionnaire and a validation was done by the staff nurse, reliever nurses, midwives and nurse attendants. Respondents were recruited through a face-to-face intercept while respondents are on their break. All data were collated, anonymized and subjected to statistical treatments. Percentage, mean scores and eta squared statistics were utilized to answer the problems of the study.

IV.   RESULTS AND DISCUSSION

Table 1 presents the leadership styles among nurse leaders. It would show that majority of the leadership style of the nurse managers are democratic (83.82%), which is then followed by laissez-faire (8.82%). Authoritative (7.35%) is the least leadership style among nurse managers in the hospital. The data presented imply that nursing managers are democratic leaders. This would mean that nurse managers as democratic leaders partake the making of decisions with their nursing staff by encouraging the welfares of the team

members and by performing social justice. There are almost the same number as authoritative and the laissez-faire style. This type of leadership may pose certain hazards in the organization as members of the team are left alone to do whatever they want.

Table 1
Leadership styles of nurse managers

Style	*f*	%
Authoritative	5	7.35
Democratic	57	83.82
Laissez-faire	6	8.82

N = 68

Table 2
Management styles of nurse managers

Style	*f*	%
Empowering	3	4.41
Mixed or Transitional	60	88.24
Controlling	5	7.35

N = 68

Table 2 presents the management styles of nurse managers. The mixed or transitional management style (88.24%) is the most common management style used by the nurse managers while empowering management style (4.41%) is the least. The data imply that nurse managers employ mixed or transitional management style. This means that the nurse managers know how to balance the use of empowering and when to use controlling in a given situation when managing their staff. By the use of empowerment, the nurse managers enable or authorize the subordinate to contemplate, continue, create an act, and regulate job and fundamental authority about their actions in independent, free, self-composed methods. It is basically the state of feeling connected to manage one's own destiny. They are also able to use the controlling style where the manager oversees plans and systems, picks what goals are to be refined, and facilitates and controls all activities with no huge enthusiasm by the subordinates. The nurse managers have a mixed or transitional leadership style, and this could be attributed to the fact that these nurses became managers because of seniority and not by credentials as personally experienced and observed by one of the researcher.

On nurse managers whose leadership style is authoritative, Table 3 shows that they all utilized the mixed or transitional management style (100.00%). Further, majority of authoritative leaders with mixed management style utilize the collaborating (60.00%) as a means of managing conflicts whereas the remaining nurse managers utilize a combination of competing and accommodating (20.00%) and accommodating and compromising (20.00%).

Table 3
Conflict Management Styles of nurse managers

Style	*f*	%
Collaborating	24	35.29
Competing	2	2.94

Avoiding	3	4.41
Accommodating	10	14.71
Compromising	4	5.88
Mixed	25	36.76
Breakdown of Mixed style		
Collaborating and Competing	5	7.35
Collaborating and Accommodating	3	4.41
Collaborating and Compromising	2	2.94
Competing and Accommodating	3	4.41
Accommodating and Compromising	1	1.47
Competing and Compromising	2	2.94
Collaborating and Avoiding	1	1.47
Collaborating, Accommodating and Compromising	2	2.94
Collaborating, Competing and Compromising	1	1.47
Competing, Avoiding and Compromising	1	1.47
Avoiding, Accommodating and Compromising	2	2.94
Collaborating, Competing, Avoiding and Compromising	1	1.47
Collaborating, Competing, Avoiding, Accommodating and Compromising	1	1.47

N = 68

Based also on the data presented, it can be seen that majority of the nurse managers are utilizing the mixed conflict management styles (36.76%). This would imply that the nurse managers are in a stage where they are unsure of the style of managing conflicts to use which could be attributed to the actual claims by some of the head nurses that they are not equipped with the knowledge, skills and training as managers. Almost the same as the mixed style is collaborating (35.29%). It is then followed by accommodating (14.71%). The least style utilized by the nurse managers are distributed within the combination of two or more styles of conflict management as reflected on the table. Generally, the majority of the nurse managers resolve conflicts by collaborating. This implies that nurse managers team up with alternate individuals to accomplish the two goals. These are the techniques by which managers break free of the "win-lose" point of view and scan for the "win-win." This can be viable for complex conditions where managers are required to locate a novel strategy. In a like way, this can mean re-encompassing the test to make a more conspicuous space and space for everyone's thoughts. The burden however is that it requires an abnormal state of trust and achieving an understanding can require a noteworthy measure of

time and push to get everyone on stack up and to consolidate every last one of the thoughts.

Further data also imply that nurse managers have different ways of attacking conflicts. This would support

the individuality of conflict management styles. Further it implies that there is really no best conflict management style or there is no hard and fast rule that one conflict management is better over the other, when in fact, the data show that nurse managers, when confronted with conflict, would resort to not only a single style but even utilize two or more styles to manage conflicts.

Table 4
Pattern of management and conflict management style in an Authoritative Style of Leadership of nurse managers

Conflict Management Styles	Empowering (f)	Mixed (f)	Controlling (f)	Σ	%
Collaborating			3	3	60.00
Competing and Accommodating			1	1	20.00
Accommodating and Compromising			1	1	20.00
Σ			5	5	
%			100.00		

N = 5

On nurse managers whose leadership style is authoritative, Table 4 shows that they all utilized the mixed or transitional management style (100.00%). Further, majority of authoritative leaders with mixed management style utilize the collaborating (60.00%) as a means of managing conflicts whereas the remaining nurse managers utilize a combination of competing and accommodating (20.00%) and accommodating and compromising (20.00%).

On nurse managers whose leadership style is democratic, Table 5 shows that majority of the nurse managers utilize the mixed or transitional management style (89.47%); it is followed by controlling (7.02%) and then by empowering (3.51%). Further, the data show that nurse managers, who utilize a democratic leadership style, also employ the mixed or transitional management style, and majority of these nurse managers utilized the collaborating conflict management style (16) which is followed by accommodating (10). It follows that a democratic leader utilizes a mixed or transitional management style, and that they resolve conflict by collaborating.

Table 5
Pattern of management and conflict management style in a Democratic Style of Leadership of nurse managers

Conflict management styles	Empowering (f)	Mixed (f)	Controlling (f)	Σ	%
Collaborating		16	2	18	31.58
Competing		1		1	1.75

				Σ	%
Avoiding	1	2		3	5.26
Accommodating		10		10	17.54
Compromising		4		4	7.02
Mixed					
Collaborating and Competing		5		5	8.77
Collaborating and Accommodating		3		3	5.26
Collaborating and Compromising		2		2	3.51
Competing and Accommodating	1		1	2	3.51
Competing and Compromising		1		1	1.75
Collaborating and Avoiding		1		1	1.75
Collaborating, Accommodating and Compromising		1		1	1.75
Collaborating, Competing and Compromising			1	1	1.75
Competing, Avoiding and Compromising		1		1	1.75
Avoiding, Accommodating and Compromising	1		1	2	3.51
Collaborating, Competing, Avoiding and Compromising		1		1	1.75
Collaborating, Competing, Avoiding, Accommodating and Compromising		1		1	1.75
Subtotal for Mixed	1	18	2		36.84
Σ	2	51	4	57	
%	3.51	89.47	7.02		

N = 57

On nurse managers whose leadership style is laissez-faire, Table 6 shows that majority of the nurse managers utilize the mixed or transitional management style (66.67%); it is followed both by controlling (16.67%) and empowering (16.67%). Further, of the nurse managers who utilize laissez-faire as their leadership style, majority of them are also utilizing the mixed or transitional management style in the same way as half of these nurse managers are utilizing the collaborating conflict management style.

Table 6
Pattern of management and conflict management style in a Laissez-faire Style of Leadership of nurse managers

Conflict management styles	Empowering (f)	Mixed (f)	Controlling (f)	Σ	%
Collaborating	1	2	1	4	66.67
Competing and Compromising		1		1	16.67
Collaborating, Accommodating and Compromising		1		1	16.67
Σ	1	4	1	6	
%	16.67	66.67	16.67		

N = 6

Based on Tables 4 to 6, a pattern can be seen that, in all types of leadership, be it authoritative, democratic, or laissez-faire, the mixed or transitional management style is the common ground for all. Further, it can also be seen that of the nurse managers utilizing the mixed or transitional management style, the most common conflict management utilized by them is the collaborating style. Thus, it can be inferred that different leaders utilize a mixed or transitional management style and that when they are in conflict, they manage them through the collaborative conflict management style.

Table 7
Relationship of conflict management style to leadership styles and management styles of nurse managers

Variables	phi	p	Interpretation	Decision
Conflict management styles vs. leadership styles	0.724	0.392	Not significant	Failed to reject the null hypothesis
Conflict management styles vs. management styles	0.740	0.323	Not significant	Failed to reject the null hypothesis
Leadership style vs. management styles	0.210	0.559	Not significant	Failed to reject the null hypothesis

Significant at < 0.05

Table 7 presents the significant relationship of conflict management style to leadership styles and management styles. It would show that the phi values of the three variables being correlated to one another are all greater than the p value of 0.05. These values would be interpreted then as not significant. Being not significant, these would rise to a decision of not rejecting the null hypothesis. Further, this would mean that a significant relationship does not exist among conflict management and leadership styles, among conflict management and management styles, and lastly among leadership and management styles. This would imply that leadership styles are not correlated with any management style and conflict management style. A nurse manager can have a leadership style using variety of management style and conflict management at a given situation. This means that no leadership style can affect a nurse manager's management style and conflict management style.

V. CONCLUSION

Accordingly, based on Contingency Theory, the efficiency of leadership is contingent on the uniqueness of every situation, a number of factors, like the nature of the task, personality of the leader, and composition of the team. This is seen in the study where the findings reveal that the leadership styles of the nurse managers vary from authoritative, democratic to laissez-faire. Majority of the nurse managers utilized democratic leadership style. The democratic leadership style is shown to be the most appropriate leadership style based on the factors faced by the nurse managers in the

field. While Theory X and Y talks about authoritative and democratic management style, it turned out that in the study, the mixed or transitional management style is more suited to the nurse managers. Further, Thomas and Kilmann provided five options for conflict management; however in the study, it went beyond the five options as nurse managers utilized two or more conflict management styles. Therefore, leadership style has no bearing on the management style as well as to the conflict management style of nurse managers. Nurse mangers should be given the opportunity to explore every situation and look into the factors surrounding it and apply the most appropriate leadership style, management style and conflict management   style. It is recommended that further

studies be conducted to explore and further validate findings of the study covering a greater number of respondents and hospitals.

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